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CONFIRMATION NO. 3061

<b>SERIAL NUMBER</b> 10/517,643	<b>FILING OR 371(c) DATE</b> 12/09/2004 <b>RULE</b>	<b>CLASS</b> 285	<b>GROUP ART UNIT</b> 3679	<b>ATTORNEY DOCKET NO.</b> MART0840US	
<b>APPLICANTS</b> Valery Dalle, Gouvieux, FRANCE; Pierrick Guyomarc'h, Ermont, FRANCE; Jean-Luc Carrez, Ecouen, FRANCE;  <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/FR03/02979 10/09/2003 <b>** FOREIGN APPLICATIONS *****</b> <i>None</i> <i>&gt; 08 3/29/07</i>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> met after Allowance Verified and Acknowledged <i>JB</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 24235					
<b>TITLE</b> Fluid connector for medical use and uses thereof					
<b>FILING FEE RECEIVED</b> 1590	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		